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Comments:

Attorney Docket No.: 188122001900
Group Art Unit: 2123
Examiner: A. Pierre-Louis
Application No.: 10/713,754
Filing Date: November 13, 2003
Inventor(s): Bruce W. MCGAUGHEY et al.
Title: SYSTEM AND METHOD FOR COMMUNICATING SIMULATION SOLUTIONS
BETWEEN CIRCUIT COMPONENTS IN A HIERARCHICAL DATA STRUCTURE

Papers enclosed:

PTO/SB/21 - Transmittal Form (1 page)

PTO/SB/82 -Power of Attorney, Revocation Change of Correspondence Address (1 page)

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PTO/SB/21 (01-08)

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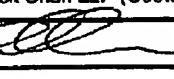
Total Number of Pages in This Submission

Application Number	10/713,754
Filing Date	November 13, 2003
First Named Inventor	Bruce W. MCGAUGHEY
Art Unit	2123
Examiner Name	A. Pierre-Louis
Total Number of Pages in This Submission	2
Attorney Docket Number	188122001900

ENCLOSURES (Check all that apply)

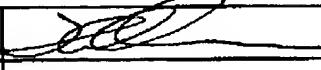
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Alter Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Whealock Chan LLP (Customer No. 76805)		
Signature			
Printed name	Thomas Chan		
Date	February 26, 2008	Reg. No.	51543

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Date	February 26, 2008

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REVOCATION OF POWER OF
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Application Number	10/713,754
Filing Date	November 13, 2003
First Named Inventor	Bruce W. MCGAUGHEY
Art Unit	2123
Examiner Name	A. Pierre-Louis
Attorney Docket Number	168122001900

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:

76805

 Please change the correspondence address for the above-identified application to: The address associated with
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OR

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Individual Name

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Zip

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Michael J. Williams

Date

2-22-08

Telephone

(408) 894-2430

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

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